

CONTRACT #2
RFS # 318.66-050

**Department of Finance &
Administration
Bureau of TennCare**

VENDOR:
**Tennessee Behavioral Health,
Inc. (East Grand Region)**



STATE OF TENNESSEE
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

RECEIVED
AUG 15 2006
FISCAL REVIEW

August 11, 2006

Mr. Jim White, Director
Fiscal Review Committee
8th Floor, Rachel Jackson Bldg.
Nashville, TN 37243

Attention: Leni Chick

RE: Bureau of TennCare Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee the following Behavioral Health contract amendments. These amendments provide modifications to the previously established payment rates for Fiscal Year '07 by extending the 2.5% provider rate increase, as approved by the General Assembly, to the grant portion of the Behavioral Health Organizations. These rates had previously not included increases to the grants, although the maximum liability and budget had included increased funding for these services. This amendment, therefore, makes all documents consistent with the appropriations bill as enacted by the Legislature.

Tennessee Behavioral Health, Inc.	FA-05-16089-06	318.66-050
Tennessee Behavioral Health, Inc.	FA-01-14661-15	318.66-023
Premier Behavioral Health Systems Of Tennessee, LLC	FA-01-14662-16	318.66-022


The Bureau of TennCare would greatly appreciate the consideration and approval of these amendments by the Fiscal Review Committee.

Sincerely,



Scott Pierce
Chief Financial Officer

Cc: Darin J. Gordon, Deputy Commissioner
Alma Chilton

RFS Number:	318.66-050	Contract Number:	FA-05-16089-06
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
			C-
621621636 01			
Service Description			
Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region			
Contract Begin Date		Contract End Date	
7/1/2004		6/30/2007	
Allotment Code	Cost Center	Object Code	Fund
318.66	135	134	11
		Grant	Grant Code
		on STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds
2005	\$59,243,280.00	\$108,632,276.00	
2006	\$51,144,466.00	\$91,717,000.00	
2007	\$52,779,833.00	\$94,649,867.00	
Total:	\$163,167,579.00	\$294,999,143.00	\$0.00
			\$0.00
			\$458,166,722.00
CFDA Number:	93.778 Department of Health and Human Services		
State Fiscal Contact		Check the box (below) ONLY if the answer is YES:	
Name:	Scott Pierce	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Address:	310 Great Circle Road	Is the Contractor a VENDOR? (per OMB A-133)	
Phone:	615-507-6415	Is the Fiscal Year Funding STRICTLY LIMITED?	
Procuring Agency Budget Officer Signature		Is the Contractor on STARS?	
		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractors Form W-9 Filed with Accounts?	
Funding Certification			
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			
COMPLETE FOR ALL AMENDMENTS (only)			
	Base Contract & Prior Amendments	This Amendment ONLY	
End Date >	6/30/2007		
FY:	2005	\$167,875,556.00	
FY:	2006	\$142,861,466.00	
FY:	2007	\$147,429,700.00	\$0.00
FY:			
FY:			
FY:			
Totals:	\$458,166,722.00	\$0.00	

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #

318.66-050

STATE AGENCY NAME :

Department of Finance and Administration
Bureau of TennCare

SERVICE CAPTION :

Behavioral Health Organizations Providing Medically Necessary Behavioral Services to the TennCare/Medicaid Population in Tennessee East Grand Region

CONTRACT #

FA-05-16089-00

PROPOSED AMENDMENT #

6

CONTRACTOR :

Tennessee Behavioral Health, Inc.

CONTRACT START DATE :

07/01/2004

CURRENT, LATEST POSSIBLE END DATE :
(including ALL options to extend)

06/30/2007

CURRENT MAXIMUM LIABILITY :

\$458,166,722.00

LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT :
(including ALL options to extend)

06/30/2007

TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT :
(including ALL options to extend)

\$458,166,722.00

APPROVAL CRITERIA :
(select one)



use of Non-Competitive Negotiation is in the best interest of the state



only one uniquely qualified service provider able to provide the service

ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)

(1) description of the proposed additional service and amendment effects :

This amendment provides modifications to the previously established payment rates for Fiscal Year '07 by extending the 2.5% provider rate increase, as approved by the General Assembly, to the grant portion of the Behavioral Health Organizations. These rates had previously not included increases to the grants, although the maximum liability and budget had included increased funding for these services. This amendment, therefore, makes all documents consistent with the appropriations bill as enacted by the Legislature.

(2) explanation of need for the proposed amendment :

This amendment is needed in order to establish correct payment rates that reflect rates increased by General Assembly.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

Dr. Russ Petrella, Chief Operating Officer
Magellan Behavioral Health
199 Pomeroy Road, 3rd Floor
Parsippany, New Jersey 07054

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

This contract for Behavioral Health Services was identified by a competitive Request for Proposal method. This amendment to the existing contract will ensure that services to recipients will continue without interruption and that payment rates are established for period to continue throughout fiscal year 2007.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The approval of this amendment by F&A will ensure the best interests of TennCare enrollees will be served. Based on the network of providers that Tennessee Behavioral Health, Inc. currently has, TennCare is confident that the modifications of this agreement will ensure payment mechanism for FY '07 and prevent any disruption of services to enrollees.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE DATE:

AMENDMENT NUMBER 6

TO PROVIDER RISK CONTRACT # FA-05-16089

BETWEEN

**THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

AND

**TENNESSEE BEHAVIORAL HEALTH, INC.
IN THE EAST TENNESSEE GRAND REGION**

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Tennessee Behavioral Health, Inc. hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. A new paragraph and table shall be added to Section 4.7.2 Payment Methodology, following Table 4. The new paragraph and table 5 shall read as follows:

4.7.2 Payment Methodology

The Contractor shall be compensated based on the rates herein for the payment rate categories authorized by the State. Payments shall be subject to withholds as set forth in the CONTRACT. The rates in Table 5 shall be applicable from September 1, 2006 through June 30, 2007.

Table 5: Rates:

PAYMENT RATE CATEGORY	PER MEMBER/ PER MONTH RATE
Priority Population age 0-12	\$304.82
Priority Population age 13-17	\$434.19
Priority Population age 18 and above	\$244.96
Non-Priority Population age 0-12	\$2.86
Non-Priority Population age 13-17	\$17.63
Non-Priority Population age 18 and above	\$4.98
State Only & Judicials	\$287.41

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS THEREOF, the parties have by their duly authorized representatives set their signature.

CONTRACTOR:

Russell C. Petrella, Ph.D.
President
TENNESSEE BEHAVIORAL HEALTH, INC.

DATE

**TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES:**

Virginia Trotter Betts, MSN, JD, RN, FAAN
Commissioner

DATE

**TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:**

M. D. Goetz, Jr.
Commissioner

DATE

APPROVED:

**TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:**

M. D. Goetz, Jr.
Commissioner

DATE

COMPTROLLER OF TREASURY:

John G. Morgan
Comptroller of Treasury

DATE

CONTRACT SUMMARY SHEET

RFS Number:	318.66-050	Contract Number:	FA-05-16089-05
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
621621636 01			

Service Description

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date	Contract End Date
7/1/2004	6/30/2007

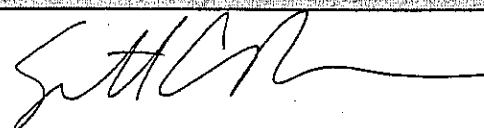
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00
2006	\$51,144,466.00	\$91,717,000.00			\$142,861,466.00
2007	\$52,779,833.00	\$94,649,867.00			\$147,429,700.00
					\$0.00
					\$0.00
Total:	\$163,167,579.00	\$294,999,143.00	\$0.00	\$0.00	\$458,166,722.00

CFDA Number:	93.778 Department of Health and Human Services	Check the box (below) ONLY if the answer is YES:
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State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-507-6415	Is the Contractor on STARS?	

Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?
---	--

	Is the Contractor's Form W-9 Filled with Accounts?
---	--

COMPLETE FOR ALL AMENDMENTS (only)		Funding Certification
Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

End Date >	Base Contract & Prior Amendments	This Amendment ONLY
6/30/2007		
FY: 2005	\$167,875,556.00	
FY: 2006	\$142,861,466.00	
FY: 2007		\$147,429,700.00
FY:		
FY:		
FY:		
Totals:	\$310,737,022.00	\$147,429,700.00

RECEIVED

JUL 19 2006

FISCAL REVIEW

RECEIVED
2006 JUL 11 PM 2:34
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-050	Contract Number:	FA-05-16089-04
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
621621636 01			

Service Description

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date

7/1/2004

Contract End Date

6/30/2007

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	133	134	11	on STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments	
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00	
2006	\$51,144,466.00	\$91,717,000.00			\$142,861,466.00	
					\$0.00	
					\$0.00	
Total:	\$110,387,746.00	\$200,349,276.00	\$0.00	\$0.00	\$310,737,022.00	

CFDA Number: 93.778 Department of Health and Human Services

Check the box (below) ONLY if the answer is YES:

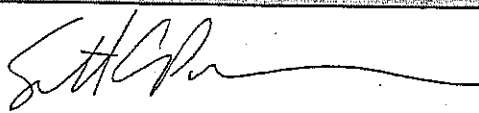
State Fiscal Contact

Name: Scott Pierce

Address: 310 Great Circle Road

Phone: 615-507-6415

Procuring Agency Budget Officer Signature



Is the Contractor a SUBRECIPIENT? (per OMB A-133)

X

Is the Contractor a VENDOR? (per OMB A-133)

Is the Fiscal Year Funding STRICTLY LIMITED?

Is the Contractor on STARS?

Is the Contractor's FORM W-9 ATTACHED?

Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	6/30/2006	6/30/2007
FY 2005	\$167,875,556.00	
FY 2006	\$146,861,466.00	<\$4,000,000.00>
FY		
FY		
FY		
Totals:	\$314,737,022.00	<\$4,000,000.00>

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
JAN -3 AM 9:50
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-050	Contract Number:	FA-05-16089-03
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636 01	

Service Description

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date:	Contract End Date:
7/1/2004	6/30/2006

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	133	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00
2006	\$52,583,700.00	\$94,277,700.00			\$146,861,466.00
					\$0.00
					\$0.00
Total:	\$111,826,980.00	\$202,909,976.00	\$0.00	\$0.00	\$314,737,022.00

CFDA Number:	93.778 Department of Health and Human Services	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact:		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-507-6415	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)		
Base Contract & Prior Amendments	This Amendment ONLY	
End Date >	6/30/2006	
FY:	2005	\$167,875,556.00
FY:	2006	\$167,875,556.00
FY:		
FY:		
FY:		
FY:		
Totals:	\$335,751,112.00	-\$21,014,090.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
SEP 26 PM 3:45
COMPTROLLER'S OFFICE
MANAGEMENT SERVICES

RECEIVED
SEP 26 2005

CONTRACT SUMMARY SHEET

RFS Number:	318.66-050	Contract Number	FA-05-16089-02
State/Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
			C-
621621636 01			

Service Description

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date				Contract End Date			
7/1/2004				6/30/2006			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	133	134	11	on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments		
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00		
2006	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00		
					\$0.00		
					\$0.00		
Total	\$118,486,560.00	\$217,264,552.00	\$0.00	\$0.00	\$335,751,112.00		

CFDA Number:	93.778 Department of Health and Human Services	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-532-1362	Is the Contractor on STARS?	
Procuring Agency/Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)

		Base Contract & Prior Amendments	This Amendment ONLY
End Date >		12/31/2005	6/30/2006
FY	2005	\$167,875,556.00	
FY	2006	\$86,710,754.00	\$81,164,802.00
FY			
FY			
FY			
FY			
Totals:		\$254,586,310.00	\$81,164,802.00

Funding Certification
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RFS Number	318.66-050	Contract Number	FA-05-16089-01
State Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
			C-
621621636 01			

Service Description

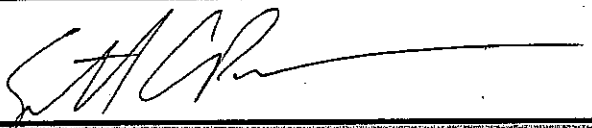
Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date	Contract End Date
7/1/2004	12/31/2005

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	133	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments
2005	\$59,243,280.00	\$108,632,276.00			\$167,875,556.00
2006	\$30,602,400.00	\$56,108,354.00			\$86,710,754.00
					\$0.00
					\$0.00
Total	\$89,845,680.00	\$164,740,630.00	\$0.00	\$0.00	\$254,586,310.00

CFDA Number	93.778 Department of Health and Human Services	Check the box (below) ONLY if the answer is YES
--------------------	--	--

State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name: Scott Pierce		Is the Contractor a VENDOR? (per OMB A-133)
Address: 729 Church Street Nashville, TN		Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: 615-532-1362		Is the Contractor on STARS?
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?
		Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date	12/31/2005	
FY 2005	\$173,421,508.00	-\$5,545,952.00
FY 2006	\$86,710,754.00	
FY		
FY		
FY		
FY		
Totals	\$260,132,262.00	-\$5,545,952.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED

JUL 10 2005

C O N T R A C T S U M M A R Y S H E E T

RFS Number:	318.66-050	Contract Number:	FA-05-16789-20
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		V- C-	621621636 01

S e r v i c e D e s c r i p t i o n

Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region

Contract Begin Date:	Contract End Date:
07/01/2004	12/31/2005

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	133	134	11	X on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2005	\$61,204,800.00	\$112,216,708.00			\$173,421,508.00
2006	\$30,602,400.00	\$56,108,354.00			\$86,710,754.00
Total:	\$91,807,200.00	\$168,325,062.00			\$260,132,262.00

CFDA #	93.778	Check the box ONLY if the answer is YES
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State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name:	Dean Daniel	<input checked="" type="checkbox"/>
Address:	729 Church Street	Is the Contractor a VENDOR? (per OMB A-133)
Phone:	Nashville, TN (615) 532-1362	<input type="checkbox"/>
Procuring Agency Budget Officer Approval Signature:		Is the Fiscal Year Funding STRICTLY LIMITED?
8/6/04		<input type="checkbox"/>
		Is the Contractor on STARS?
		<input type="checkbox"/>
		Is the Contractor's FORM W-9 ATTACHED?
		<input type="checkbox"/>
		Is the Contractors Form W-9 Filed with Accounts?
		<input type="checkbox"/>

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE →			
FY:			
FY:			
FY:			
FY:			
FY:			
Total:			

RECEIVED
 2004 AUG 27 AM 10:29
 COMPTROLLER'S OFFICE
 OFFICE OF
 MANAGEMENT SERVICES